

*Letter #1*

*Non-quality of care grievance acknowledgement letter (On Regional Contractor letterhead)*

If you have trouble reading this notice because the letters are too small or the words are hard to read, please call our office at XXX-XXX-XXXX and someone will assist you.

Si usted tiene dificultades leyendo este aviso porque las letras son demasiado pequeñas o las palabras son muy difícil para leer, favor de llamarnos al xxxxxx y alguien le asistirá.

XXX-XXX-XXXX or (800) XXX-XXXX

Date

*(Name of person filing the grievance)*

Address

City, State, Zip

RE: *(CRS Member # & AHCCCS # if applicable)*

Dear *(Name)*:

It is important to us that you are happy with the care and service that you get from us. We have received your complaint and we will be looking into it. As soon as possible, we will send you a response.

Thank you for letting us know about your problem. If you have any questions, you can call XXXXX, at (602) XXX-XXXX.

Sincerely,

*(Name and credentials)*

*(Title)*

Cc:

XXX